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GEORGIA DEPARTMENT OF MOTOR VEHICLE SAFETY

Commercial Driver's License Application

AVOID UNNECESSARY DELAYS: Type or print clearly in black or blue ink only. Provide all of the requested information which applies to you. When presenting the completed application be sure to include either cash, a certified check, a cashier's check, or a money order payable to THE DEPARTMENT OF MOTOR VEHICLE SAFETY in the amount of \$35.00. The Department does not accept personal checks. Your application will not be processed if you fail to provide the required fee in the manner prescribed here.

ARE YOU EXEMPT FROM THE FEE REQUIREMENTS? Applicants whose current Georgia driver's license is a complimentary Veteran's license are exempt from the fee provisions of this application. Likewise, applicants who are applying for a commercial driver's license to drive public school system buses are exempt from the fee provisions of this application.

WILL YOU HAVE TO TAKE A DRIVING TEST? If a driving test is necessary, it must be conducted in the type vehicle you expect to operate. Driving tests are administered at specific locations by appointment only; contact your local examiner for information about those sites and schedules.

PART 1 Applicant Data

Please indicate your answer to the following questions by placing a check mark in the appropriate box.

1. ☐ YES ☐ NO Are you a Georgia Resident?

2. ☐ YES ☐ NO Do you hold a Georgia driver's license?

2.a. ☐ YES ☐ NO If yes, is your Georgia license a complimentary Veteran's license?

If your response is "yes", you are exempt from the fee requirements of this application.

3. ☐ YES ☐ NO Do you hold a driver's license other than one issued by Georgia?

3.a. If your response is "yes", please list here the name of the issuing state: _____

4. ☐ YES ☐ NO Are you applying for a Commercial Driver's License as a bus driver in a public school system?

If your response is "yes", you are exempt from the fee requirements of this application.

5. ☐ YES ☐ NO Is your privilege to drive currently suspended, revoked, cancelled or denied in this or any other state?

If your response is "yes", please list here the name of that state: _____

Please provide the following information about yourself and, if issued, your current driver's license.

Full Name (Last, First, Middle)							Social Security Number		
Driver's License Number :	Issue Date:	Expiration Date:	Date of Birth:	Height:	Weight :	Hair Color :	Eye Color:	Sex:	
Mailing Address:		Apartment Number:		City:		State:		Zip Code	
Residence Address:		Apartment Number:		City:		State:		Zip Code	

PART 2 Medical Certification

MEDICAL QUALIFICATIONS: Unless specifically exempted, you must possess either a valid U.S. Department of Transportation medical card or a medical card issued by your employer (Federal Motor Carrier Safety Regulations, FMCSR 391. Government employees (e.g. federal, state, county, or city employees) while operating government owned vehicles are exempt from this medical requirement. You must certify that you comply with this medical requirement.

Please initial below the statement which defines your compliance with this requirement; you must satisfy one of these requirements. I certify that:

I satisfy the medical qualification requirement defined in FMCSR391. (initials) _____

I am exempt from the medical qualification requirement defined in FMCSR 391. (Initials) _____

SPECIAL NOTICE: At all times while operating a commercial motor vehicle, you must carry on your person proof of compliance with this requirement.

PART 3 Application Data

Please indicate the class (s) of commercial driver's license for which you are applying (check all that apply).

- ☐ **A** Combination vehicles weighing 26,001 pounds or more.
- ☐ **B** Single vehicles weighing 26,001 pounds or more.
- ☐ **C** Single vehicles weighing less than 26,001.
- ☐ **M** Motorcycles.
- ☐ **P** An instruction permit.

If you intend to operate vehicles equipped with air brakes, you must qualify for an "air brakes" certification (check one).

☐ **YES** ☐ **NO** Do you intend to operate vehicles equipped with air brakes?

Please indicate by checkmark the endorsement for which you are applying.

- ☐ **H** Vehicles carrying hazardous materials
- ☐ **N** Tank vehicles
- ☐ **P** Passenger vehicles
- ☐ **T** Double and triple trailer combinations
- ☐ **X** Combination of N and H

PART 4 School Bus Certification

The applicant named herein is regularly employed by this public school system and as such is entitled to a NO FEE application

Name of School System:	School System Mailing Address:
Typed/Printed Name of Person Authorized to Sign for School System	City, State, Zip Code:
Signature of Person Named Above Who is Authorized for the School System:	Notary (Seal Required)

PART 5 Self-Certification

I hold only one valid driver's license. I certify the preceding statements and information contained in this application are true and correct. I authorize the Georgia Department of Motor Vehicle Safety to verify the accuracy of the information contained herein. I understand that it is a crime to fraudulently apply for a driver's license; I am criminally liable for false or misleading statements on this application.

Applicant's Signature		Notary (Seal Required)
Applicant's Telephone Number: ()	Date:	Executed at:

**TAKE COMPLETED CDL APPLICATION, YOUR CURRENT DRIVER'S LICENSE, AND
ORIGINAL SOCIAL SECURITY CARD TO YOUR NEAREST
PERMANENT DRIVERS LICENSE TESTING FACILITY.**